

Maricopa Association of Governments

HUMAN SERVICES TRANSPORTATION SURVEY

Your feedback is needed to assist MAG in providing valuable and meaningful information and workshops to serve the human services transportation needs in the region. Please contact Amy St. Peter at (602) 452-5049 with any questions about this program or survey.

Please complete and return this form to:

- Mail: Maricopa Association of Governments, Attention: Amy St. Peter, 302 N. 1st Avenue Suite 300, Phoenix, Arizona 85003
- Fax: (602) 254-6490
- Email: astpeter@mag.maricopa.gov

Name: _____

Agency or Affiliation Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Workshops:

1. Which types of workshops would be most beneficial to you? (Please check all that apply)

- _____ Updates on existing services and future transportation plans
- _____ Using technology (i.e. AZ211 website, global positioning software/GPS)
- _____ Travel Training (i.e. teaching how to ride the bus)
- _____ Sensitivity training
- _____ Safety training (i.e. transportation provider safety skills, user safety tips)
- _____ Ways to coordinate and collaborate with other transportation providers
- _____ Funding and sustainability of programs
- _____ Best Practices (i.e. mileage reimbursement or taxi subsidy)
- _____ Compliance with Americans with Disabilities Act (ADA)
- _____ Other (please explain) _____

2. How much time are you willing to spend at a workshop? (Please check one)

1 hour _____ 2 hours _____ Half day _____ All Day _____

3. What time of day do you prefer? (Please check one)

Morning _____ Afternoon _____ Evening _____

Toolkits:

A toolkit will be made available to help you provide information and referrals about human services transportation. What items would you like to see in a toolkit? (Please check all that apply.)

- _____ Community Information and Referral Directory of Human Services
- _____ Bus book
- _____ Bike route maps
- _____ ADA applications
- _____ Program Brochures (Rideshare, East Valley Ride Choice)
- _____ Para-transit services Chart (i.e. DAR, Special Transportation Services/ STS)
- _____ Other (please explain) _____

Agency Information: (Please skip if you are not with an agency or have an affiliation.)

1. Which of the following best describes your agency? (Please check one)

- Private, for profit _____ Public agency _____ Nonprofit _____
- Neighborhood association _____ Faith-based organization _____ Other _____

2. Who is eligible for your agency's programs? _____

3. What geographic area(s) does your program serve? _____

4. Does your agency provide transportation? Yes _____ No _____

5. If yes, who is eligible for your agency's transportation? _____

6. What type of transportation do you provide? Van _____ Bus passes _____ Other _____

Thank you for your participation!